

<i>SERFF Tracking Number:</i>	<i>JEPL-125751390</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39887</i>
<i>Company Tracking Number:</i>	<i>J-5666</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Supp Survivorship Term Rider</i>		
<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Supp Survivorship Term Rider	SERFF Tr Num: JEPL-125751390	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39887
Sub-TOI: L08.000 Life - Other	Co Tr Num: J-5666	State Status: Approved-Closed
Filing Type: Form	Co Status: Sent to State	Reviewer(s): Linda Bird
	Authors: Jane Neidermyer, William Otten, Lori Saltmarsh	Disposition Date: 08/12/2008
	Date Submitted: 08/08/2008	Disposition Status: Approved
Implementation Date Requested: 11/01/2008		Implementation Date:

State Filing Description:

## General Information

Project Name: EPR	Status of Filing in Domicile: Pending
Project Number: J-5666	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/12/2008	
State Status Changed: 08/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Re: Individual Life Insurance Policy Form - Term Rider

J-5666 Supplemental Survivorship Term Insurance Rider

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

We are submitting the required number of copies of the above-referenced Rider for your review and approval. It is a

SERFF Tracking Number: JEPL-125751390 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 39887  
Company Tracking Number: J-5666  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Supp Survivorship Term Rider  
Project Name/Number: EPR/J-5666

new form and will not replace any previously approved form. The requested implementation date for this rider will be the later of November 1, 2008 or the date of your approval of the form.

This rider will be available on a Survivorship Universal Life Insurance Policy. The rider provides level term insurance on both insureds for a period of four years. The rider is not convertible.

We have bracketed certain items in the form as variable information because they may change for new issues in the future (but not in-force policies). These items include: officer names/signatures and the service office address. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

Rider form J-5666 achieves a Flesch score of 53.37. This filing is being submitted concurrently to our Home State of Indiana and is pending approval. The appropriate certification(s), transmittal and filing fee are included, as applicable. The policy form will be marketed with an illustration pursuant to the illustration regulation in your State and the corresponding certification is included.

To the best of our knowledge and belief, the filing complies with all the laws and regulations of your state. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, ext. 5627, or via the email address shown below.

Jane.Neidermyer@lfg.com

## Company and Contact

### Filing Contact Information

Jane Neidermyer, Senior Compliance Analyst jane.neidermyer@lfg.com  
One Granite Place (800) 258-3648 [Phone]  
Concord, NH 03302-0515 (603) 226-5128[FAX]

SERFF Tracking Number:	JEPL-125751390	State:	Arkansas
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TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
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Project Name/Number:	EPR/J-5666		

### Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street	Group Code: 20	Company Type: Life Insurance
Hartford, CT 06103	Group Name:	State ID Number:
(800) 258-3648 ext. [Phone]	FEIN Number: 35-0472300	
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<i>SERFF Tracking Number:</i>	<i>JEPL-125751390</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>J-5666</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Supp Survivorship Term Rider</i>		
<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$35.00
Retaliatory?	Yes
Fee Explanation:	IN fee per form higher than AR fee for rider.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$35.00	08/08/2008	21856971

SERFF Tracking Number:	JEPL-125751390	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	39887
Company Tracking Number:	J-5666		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Supp Survivorship Term Rider		
Project Name/Number:	EPR/J-5666		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/12/2008	08/12/2008
Approved	Linda Bird	08/12/2008	08/12/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Supp Survivorship Term Ins Rider	Form	Jane Neidermyer	08/12/2008	08/12/2008

<i>SERFF Tracking Number:</i>	<i>JEPL-125751390</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Supp Survivorship Term Rider</i>		
<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## **Disposition**

Disposition Date: 08/12/2008

Implementation Date:

Status: Approved

Comment: Replace the original rider with this corrected rider.

Rate data does NOT apply to filing.

SERFF Tracking Number:	JEPL-125751390	State:	Arkansas
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Company Tracking Number:	J-5666		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Supp Survivorship Term Rider		
Project Name/Number:	EPR/J-5666		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	ASM		No
Supporting Document	AR Submission Letter		Yes
Form (revised)	Supp Survivorship Term Ins Rider		Yes
Form	Supp Survivorship Term Ins Rider	Withdrawn	Yes

<i>SERFF Tracking Number:</i>	<i>JEPL-125751390</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Supp Survivorship Term Rider</i>		
<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## Disposition

Disposition Date: 08/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number:	JEPL-125751390	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
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Form (revised)	Supp Survivorship Term Ins Rider		Yes
Form	Supp Survivorship Term Ins Rider	Withdrawn	Yes

SERFF Tracking Number: JEPL-125751390 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 39887  
Company Tracking Number: J-5666  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Supp Survivorship Term Rider  
Project Name/Number: EPR/J-5666

**Amendment Letter**

Amendment Date:  
Submitted Date: 08/12/2008

**Comments:**

Dear Ms. Bird:

Thank you for re-opening this filing. The form that was attached to the original filing was incomplete - it did not include our company name and address. I have attached the correct form which includes that information. We apologize for the error, and appreciate your assistance.

Sincerely  
Jane Neidermyer

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
J-5666	Policy/Contr	Supp act/Fraternal Survivorship Certificate: Term Ins Amendment, Rider Insert Page, Endorsemen t or Rider	Initial				53	J-5666 EPR Generic - with name.pdf

SERFF Tracking Number:	JEPL-125751390	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	39887
Company Tracking Number:	J-5666		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Supp Survivorship Term Rider		
Project Name/Number:	EPR/J-5666		

## Form Schedule

Lead Form Number: J-5666

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J-5666	Policy/Cont Supp Survivorship ract/Fratern Term Ins Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	J-5666 EPR Generic - with name.pdf

**The Lincoln National Life Insurance Company,**

**Service Office:** [100 North Greene Street, P.O. Box 21008, Greensboro, NC 27420-1008]

**Supplemental Survivorship Term Insurance Rider**

**Rider forming a part of the policy to which attached.**

**Read Carefully - Term Insurance Involved.**

**Benefit** As part of the proceeds of this policy, we will pay the death benefit as provided by this rider. This payment will be made upon receipt of due proof that the deaths of both Insureds occurred while this policy and this rider were in force.

**Death Benefit** The death benefit provided by this rider is shown in the Schedule of Benefits and Premiums on Page 3.

**Consideration** This rider is issued in return for the application and the deduction of the initial cost of insurance for the benefit. The cost of insurance for the benefit for each policy month is the cost of insurance rate for the month multiplied by the number of thousands of death benefit of the rider. The cost of insurance rates will never be larger than the maximum rates shown in the policy.

**Incontestability** We will not contest this rider after it has been in force during the lifetime of both Insureds for 2 years from the Issue Date.

**Suicide** If either Insured commits suicide, while sane or insane, within 2 years from the effective date of this rider, benefits provided by this rider are limited to a return of the cost of insurance deducted for this Rider. No additional amount will be paid under this Rider.

**General Provisions** This rider is subject to all of the applicable provisions of the policy except for the provisions contained in this rider. This rider will control in event of any conflict with the policy.

**Reserve Basis** The values for the policy to which this rider is attached are at least equal to the minimum required by law. If required, a detailed statement of the method used to determine policy values and reserves has been filed with the states in which this policy is delivered.

**Termination** This rider will terminate:

1. Upon written request and return of this policy for endorsement;
2. On maturity, surrender or other termination of this policy; or
3. On the fourth anniversary of the effective date of the rider.

**Effective Date** The effective date of this rider is the policy date of this policy.

[ *C. Suzanne Albmark* ]

[Secretary]

<i>SERFF Tracking Number:</i>	<i>JEPL-125751390</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Supp Survivorship Term Rider</i>		
<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPL-125751390 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 39887  
Company Tracking Number: J-5666  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Supp Survivorship Term Rider  
Project Name/Number: EPR/J-5666

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/29/2008

**Comments:**

**Attachments:**

AR Cert. of Compl..pdf

AR\_Readability.pdf

### Review Status:

**Satisfied -Name:** Application 07/29/2008

**Comments:**

Application form LFF06300 was approved 12-15-06 under state tracking #34427

### Review Status:

**Satisfied -Name:** ASM 08/08/2008

**Comments:**

**Attachment:**

Survivorship Term Rider J-5666 ASM NW.pdf

### Review Status:

**Satisfied -Name:** AR Submission Letter 08/08/2008

**Comments:**

**Attachment:**

AR Sub Letter.pdf

# ARKANSAS

## CERTIFICATE OF COMPLIANCE

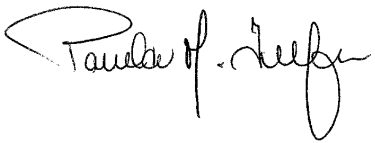
*The Lincoln National Life Insurance Company*

**Re: J-5666 Supplemental Survivorship Term Insurance Rider**

To the best of my knowledge and belief, the rider listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance department.

To the best of my knowledge and belief we are in compliance with the requirements of Arkansas Code Ann. 23-79-138. We provide a document entitled "Important Information to Policyholders" which contains the required information.

To the best of my knowledge and belief we are in compliance with the requirements of Regulation 49 and we provide the required Guaranty Association notice.



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Pamela M. Telfer, AVP  
Product Compliance

Date: August 7, 2008

VUL, UL, TERM

Arkansas

READABILITY CERTIFICATION

*The Lincoln National Life Insurance Company*

Re: J-5666 Supplemental Survivorship Term Insurance Rider

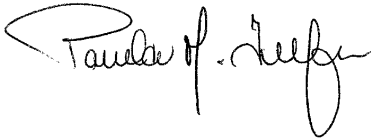
We hereby certify that the attached Form is in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has achieved a Flesch Reading Ease score of:

Form Number:

J-5666

Flesch:

53.37



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Pamela M. Telfer, Assistant Vice President  
Product Compliance

Date: August 7, 2008



**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

**ACTUARIAL DESCRIPTION OF  
SUPPLEMENTAL SURVIVORSHIP TERM INSURANCE RIDER  
Policy Form J-5666**

This is a term life insurance rider that is attached to a survivorship life policy. It provides coverage for four years after policy issue.

**DESCRIPTION OF POLICY CHARACTERISTICS**

The Supplemental Survivorship Term Insurance Rider provides term insurance coverage for four years after policy issue. It is payable upon the death of the second insured.

There are no cash surrender values with this rider.

**RIDER CHARGES**

The guaranteed cost of insurance rates for this rider are the same as the base policy. The monthly charge is determined by multiplying the cost of insurance rate for the month by the number of thousand of death benefit for the rider.

**ACTUARIAL VALUES**

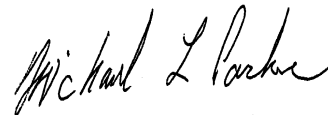
**Statutory Reserve**

Reserves are based on the Commissioners' Reserve Valuation Method (CRVM) and comply with the Valuation of Life Insurance Model Regulation ("XXX"). On each valuation date, the reserves for the policy will be computed in accordance with the principles contained in the Standard Valuation Law and applicable state regulations.

The valuation interest rate under this policy is currently 4%. The mortality basis is 2001 CSO ultimate, age nearest birthday. Additionally, cash flow testing is done to test the sufficiency of reserves in accordance with the Actuarial Opinion and Memorandum Regulation.

**CERTIFICATION**

I certify that the assumptions used for this policy are reasonable, the rider appears to be self-supporting, and for future years the assumptions and rates do not unfairly discriminate between new issues and in force policies.



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Michael Parker, FSA, MAAA  
Lincoln National Life Insurance Company

August 6, 2008



Lincoln Financial Group  
One Granite Place  
P.O. Box 515  
Concord, NH 03302  
phone 603 226-5000

August 6, 2008

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Compliance-Life & Health  
Attn: Joe Musgrove  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Individual Life Insurance Policy Form - Term Rider  
J-5666 Supplemental Survivorship Term Insurance Rider  
The Lincoln National Life Insurance Company  
Group & NAIC #: 020-65676

Dear Mr. Musgrove:

We are submitting the required number of copies of the above-referenced Rider for your review and approval. It is a new form and will not replace any previously approved form. The requested implementation date for this rider will be the later of November 1, 2008 or the date of your approval of the form.

This rider will be available on a Survivorship Universal Life Insurance Policy. The rider provides level term insurance on both insureds for a period of four years. The rider is not convertible.

We have bracketed certain items in the form as variable information because they may change for new issues in the future (but not in-force policies). These items include: officer names/signatures and the service office address. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

Rider form J-5666 achieves a Flesch score of 53.37. This filing is being submitted concurrently to our Home State of Indiana and is pending approval. The appropriate certification(s), transmittal and filing fee are included, as applicable. The policy form will be marketed with an illustration pursuant to the illustration regulation in your State and the corresponding certification is included. To the best of our knowledge and belief, the filing complies with all the laws and regulations of your state. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, ext. 5627, or via the email address shown below.

Sincerely,

A handwritten signature in black ink that reads 'Jane P. Neidermyer'.

Jane P. Neidermyer, FLMI, ACS  
Senior Compliance Analyst  
E-mail: jane.Neidermyer@lfg.com

[www.lfg.com](http://www.lfg.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates

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<i>Project Name/Number:</i>	<i>EPR/J-5666</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Supp Survivorship Term Ins Rider	08/08/2008	J-5666 EPR Generic .pdf

# Supplemental Survivorship Term Insurance Rider

Rider forming a part of the policy to which attached.

## Read Carefully - Term Insurance Involved.

**Benefit** As part of the proceeds of this policy, we will pay the death benefit as provided by this rider. This payment will be made upon receipt of due proof that the deaths of both Insureds occurred while this policy and this rider were in force.

**Death Benefit** The death benefit provided by this rider is shown in the Schedule of Benefits and Premiums on Page 3.

**Consideration** This rider is issued in return for the application and the deduction of the initial cost of insurance for the benefit. The cost of insurance for the benefit for each policy month is the cost of insurance rate for the month multiplied by the number of thousands of death benefit of the rider. The cost of insurance rates will never be larger than the maximum rates shown in the policy.

**Incontestability** We will not contest this rider after it has been in force during the lifetime of both Insureds for 2 years from the Issue Date.

**Suicide** If either Insured commits suicide, while sane or insane, within 2 years from the effective date of this rider, benefits provided by this rider are limited to a return of the cost of insurance deducted for this Rider. No additional amount will be paid under this Rider.

**General Provisions** This rider is subject to all of the applicable provisions of the policy except for the provisions contained in this rider. This rider will control in event of any conflict with the policy.

**Reserve Basis** The values for the policy to which this rider is attached are at least equal to the minimum required by law. If required, a detailed statement of the method used to determine policy values and reserves has been filed with the states in which this policy is delivered.

**Termination** This rider will terminate:

1. Upon written request and return of this policy for endorsement;
2. On maturity, surrender or other termination of this policy; or
3. On the fourth anniversary of the effective date of the rider.

**Effective Date** The effective date of this rider is the policy date of this policy.



Secretary